

Case Number:	CM15-0204168		
Date Assigned:	10/21/2015	Date of Injury:	07/26/1999
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old male, who sustained an industrial injury on 7-26-1999. The medical records indicate that the injured worker is undergoing treatment for depressive disorder, not otherwise specified. According to the progress report dated 9-21-2015, the injured worker presented with complaints of anxiety, tension, irritability, depression, and insomnia. The treating physician states, "The patient is mentally the same. He has had a good response to treatment with no new symptoms or side effects". He reports increased memory, concentration, energy, and sociability. A mental status examination is not indicated. The current medications are Celexa, Prozac, Valium (since at least 4-8-2015), and Ambien. Treatments to date include medication management. Work status is described as totally disabled. The original utilization review (9-25- 2015) partially approved a request for Valium 10mg #68 (original request was for #120).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 prescription of Valium 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was given Valium for anxiety for several months along with 2 SSRIs (antidepressants). Long-term use is not indicated for this diagnosis and continued use is not medically necessary.